



John G. Morgan
Comptroller

**STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES**

James K. Polk State Office Building
505 Deaderick Street, Suite 1700
Nashville, Tennessee 37243-0281
osap.osap@state.tn.us
Phone (615) 401-7900
FAX (615) 532-8666

Tom Fleming, CAE
Assistant to the Comptroller
for Assessments

Barry M. Murphy, CAE
Director

February 6, 2004

Enclosed is the **2004 AD VALOREM TAX REPORT** to be completed by your company. Tennessee Code Annotated, Section 67-5-1301 provides, in pertinent part, that the Comptroller of the Treasury shall, for ad valorem taxation purposes, annually assess the properties of railroad, private car, airline, water transportation, utility, motor carrier, and telephone companies.

1. Your report and any additional correspondence should be mailed to the above address. If you need additional reports you may obtain them by going to our web site at www.comptroller.state.tn.us/sap/advalorem.htm.
2. Your report must be received by the Comptroller of the Treasury no later than **April 1, 2004**. There is a penalty of one hundred (\$100) dollars for each and every day such owner is delinquent in filing said statement or schedule with the Comptroller. See TENNESSEE CODE ANNOTATED, SECTION 67-5-1317.
3. Any additional information you wish to submit to assist the Office of State Assessed Properties in its assessment of your company should be placed on 8 ½ x 11 paper.
4. **A COPY OF THE COMPLETED REPORT SHOULD BE RETAINED FOR YOUR FUTURE REFERENCE. A TWENTY-FIVE DOLLAR (\$25.00) FEE IS CHARGED FOR COPIES OF REPORTS REQUESTED FROM THIS OFFICE.**

Should you have inquiries concerning this matter, feel free to contact this office at (615) 401-7900.

Sincerely,

Barry M. Murphy, CAE
Director

BMM/dlt
Enclosure

GENERAL INSTRUCTION SHEET

1. This report must be completed in proper form (typed or legibly printed), and must be **filed with the Comptroller of the Treasury on or before April 1, 2004.** **A copy should be retained in your files for future reference.**

2. **ROUND ALL DOLLAR FIGURES TO WHOLE DOLLARS!**

3. **NO SHEET OR SECTION SHOULD BE LEFT BLANK.** If a sheet or section does not apply to your company, indicate by placing the words “**inapplicable**” or “**none**”. **INCOMPLETE REPORTS WILL BE RETURNED!**

4. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT**. Tennessee Code Annotated, Section 67-5-1317 states:

“The Owner of any such property refusing or failing to file such schedules and statements shall be deemed to have waived the mode and manner of ascertaining the value of such property, and of the distribution or allocation by the Comptroller of the Treasury of such valuation or assessment to the various counties and municipalities of the State of Tennessee for the purposes of county and municipal taxation, and shall not be permitted to be heard in opposition to the valuation fixed upon said property by the Comptroller of the Treasury, nor in opposition to the distribution or allocation of same by the Comptroller of the Treasury to the various counties and municipalities for the purposes aforesaid; and may, at the discretion of the Comptroller of the Treasury, in addition, be liable to a penalty of one hundred dollars (\$100) for each and every day which such owner is delinquent in filing said statement or schedule.”

5. Supplemental information or schedules relating to full cash value of the respondent’s property can be submitted with this report for consideration in determination of value.

6. A company **Balance Sheet** and **Statement of Operation** must be filed in addition to the enclosed schedules.

7. AF – 1: Provide the Comptroller of the Treasury with necessary information pertaining to the company’s organization and capital structure.
 AF – 2: Provide aircraft cost of owned aircraft.
 AF – 3: Provide aircraft cost of leased aircraft.
 AF – 4: Provide a complete inventory of all aircraft both owned and leased.
 AF – 5: Utilizing AF – 2, AF – 3, and AF – 4 complete the Aircraft Costs and Scheduled Depreciated Value. Additionally, provide your estimate of cash value in the column provided.
 AF – 6: Complete one apportionment page for each type aircraft flown into Tennessee. Add any additional airports as necessary.
 AF – 7: Complete one page for each airport and/or city location where personal property is located.

8. AF – 10 requires a listing of all purchases and sales of Tennessee real property occurring during the year 2003.

GENERAL INSTRUCTION SHEET**(continued)**

9. AF – 11 requires a listing of all real property under construction. This listing will include all real property currently under construction or construction expected to be completed by September 1 of this year. Be sure to include the county and city where located, map reference and property owner, description of improvement, and the construction cost.
10. **IT IS IMPERATIVE THAT THE AFFIDAVIT PAGE BE SIGNED AND NOTARIZED. IF NOT, THE REPORT WILL BE RETURNED.**
11. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11").**

*****SPECIAL INFORMATION REQUEST*****

12. In an effort to assure property accountability compliance, please provide the Office of State Assessed Properties with documentation supporting entries on the Ad Valorem Tax Report for the following: **Scheduled Ground Hours, Revenue Ton Miles, and Revenue Tons Handled both in Tennessee and in the System.** In other words, show how the numbers are derived.

***Definitions**

HISTORICAL COST OF AIRCRAFT – total cumulative cost of an airplane equipped for revenue flight.

SCHEDULED GROUND HOURS – allotted time given by an airline between flight operations to load and unload passengers or cargo.

GROSS REVENUES – total sales for transporting passengers or cargo.

PASSENGER MILES – one passenger of revenue traffic transported one mile.

FLIGHT HOURS – amount of time each type and model of aircraft flew in a specified jurisdiction.

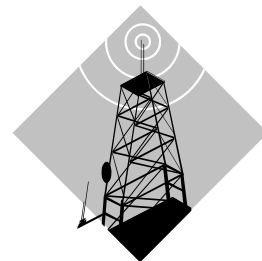
ACTUAL GROUND HOURS – all time on the ground at an airport facility in which aircraft is temporarily between flight operations to load or unload passengers, cargo and crew or to receive service and repairs.

REVENUE TON MILES – sum of all miles and tons (passenger, freight, express and mail) transported of all scheduled and non-scheduled traffic.

REVENUE TONS HANDLED – product of either passenger tons or freight, express and mail tons received and discharged as originating and terminating revenue traffic.

ARRIVALS AND DEPARTURES – sum of all scheduled and nonscheduled flights landing and taking-off in Tennessee.

TOTAL HOURS – in a given state will include hours aloft and all hours aground.



STATE OF TENNESSEE

2004

AD VALOREM TAX REPORT



EXACT NAME OF COMPANY FILING THIS REPORT

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE IN TENNESSEE

() PHONE () FAX EMAIL

MAIL TO:

COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES

James K. Polk State Office Building, Suite 1700

505 Deaderick Street

Nashville, Tennessee 37243-0281

(615) 401-7900 FAX (615) 532-8666

osap.osap@state.tn.us

**** THIS REPORT MUST BE FILED WITH THIS OFFICE BY APRIL 1, 2004****

1. Company name _____
2. Principal office location _____

Number & Street
City, State, & Zip
3. Is company ____ **INDIVIDUAL?** ____ **PARTNERSHIP?** ____ **CORPORATION?** ____ **OTHER?**
4. If a **CORPORATION** or **OTHER** similar enterprise, supply the following information:
 Under laws of what state organized _____; Date organized _____
 List names and addresses of:
PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

Name
Number & Street
City, State, & Zip
5. State principal nature of business: _____

6. Special questions regarding this report should be directed to:
 NAME: _____
 TITLE: _____
 ADDRESS: _____
 CITY, STATE & ZIP: _____
 PHONE NUMBER: _____
 FAX NUMBER: _____

[illegible]

AIRCRAFT INVENTORY

AIR CARRIER _____

AS OF **DECEMBER 31, 2003**

Aircraft Type	Plane Number	Date Acquired	Historical Cost	Owned or Leased
			\$	
TOTAL			\$	

AIRCRAFT FLEET IMPAIRMENTS

Please indicate any asset impairments allowed by FASB No. 144 as reported in the annual 10-K Report for aircraft fleets.

OWNED/CAPITAL LEASE: Please attach a detailed listing of all impairment amounts included in your 10-K Report. The reported total impairment amount should reconcile to the amount per your 10-K Report.

List all asset impairments related to aircraft types, hulls and engines and rotables. No asset impairment amounts will be allowed unless noted in your companies annual 10-K Report. Please provide all 10-K pages relevant to the impairment amounts

DO NOT SEND THE ENTIRE 10-K REPORT!

FLEET TYPE	NUMBER OF AIRCRAFT	ORIGINAL COST OF FLEET	AIRCRAFT IMPAIRMENT AMOUNTS	ENGINE & ROTABLE IMPAIRMENT AMOUNTS	VALUE OF FLEET TYPE AS OF 1/1/04
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

OPERATING LEASE: Please attach the same information listed above from the lessors' 10-K Report. Please provide all lessors' 10-K pages relevant to the impairment amounts.

DO NOT SEND THE ENTIRE 10-K REPORT!

FLEET TYPE	NUMBER OF AIRCRAFT	ORIGINAL COST OF FLEET	AIRCRAFT IMPAIRMENT AMOUNTS	ENGINE & ROTABLE IMPAIRMENT AMOUNTS	VALUE OF FLEET TYPE AS OF 1/1/04
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

ASSET IMPAIRMENT ADJUSTMENTS FOR FUTURE AD VALOREM REPORTS

All impaired aircraft should be reported on AL-5 or AL-5A. The original cost will become the impaired value of the aircraft involved in the write-down. The year the write-down occurred will now become the year of acquisition and subsequent depreciation of impaired aircraft will start from this point. For additional information or questions concerning asset impairments please contact Shannon Tucker @ (615) 401-7969.

AIRCRAFT COSTS AND FULL CASH VALUE
OUT OF PRODUCTION AIRCRAFT

Type of Aircraft _____

Year End: **DECEMBER 31, 2003**

Year of Acquisition	Number of Aircraft	Historical Cost	Percent Good	Schedule Depreciated Value	Company Estimated Cash Value
2003	_____	\$ _____	93.3%	\$ _____	\$ _____
2002	_____	_____	86.7%	_____	_____
2001	_____	_____	80.0%	_____	_____
2000	_____	_____	73.3%	_____	_____
1999	_____	_____	66.7%	_____	_____
1998	_____	_____	60.0%	_____	_____
1997	_____	_____	53.3%	_____	_____
1996	_____	_____	46.7%	_____	_____
1995	_____	_____	40.0%	_____	_____
1994	_____	_____	33.3%	_____	_____
1993	_____	_____	26.7%	_____	_____
Prior	_____	_____	20.0%	_____	_____
TOTALS	_____	\$ _____		\$ _____	\$ _____

ALLOCATION

	Tennessee	System	Weighted	Percent In Tennessee
1. Scheduled Ground Hours	_____	_____	33.3333%	_____
2. Revenue Ton Miles	_____	_____	33.3333%	_____
3. Revenue Tons Handled	_____	_____	33.3333%	_____
		Full Cash Value	X	Weighted Percent
TENNESSEE ALLOCATED VALUE				\$ _____
ASSESSMENT PERCENTAGE			X	30.0000%
TENNESSEE ASSESSED VALUE				\$ _____

AIRCRAFT COSTS AND FULL CASH VALUE
IN PRODUCTION AIRCRAFT

Type of Aircraft _____

Year End: **DECEMBER 31, 2003**

Year of Acquisition	Number of Aircraft	Historical Cost	Percent Good	Schedule Depreciated Value	Company Estimated Cash Value
2003	_____	\$ _____	95.0%	\$ _____	\$ _____
2002	_____	_____	90.0%	_____	_____
2001	_____	_____	85.0%	_____	_____
2000	_____	_____	80.0%	_____	_____
1999	_____	_____	75.0%	_____	_____
1998	_____	_____	70.0%	_____	_____
1997	_____	_____	65.0%	_____	_____
1996	_____	_____	60.0%	_____	_____
1995	_____	_____	55.0%	_____	_____
1994	_____	_____	50.0%	_____	_____
1993	_____	_____	45.0%	_____	_____
1992	_____	_____	40.0%	_____	_____
1991	_____	_____	35.0%	_____	_____
1990	_____	_____	30.0%	_____	_____
Prior	_____	_____	25.0%	_____	_____
TOTALS	_____	\$ _____		\$ _____	\$ _____

ALLOCATION

	Tennessee	System	Weighted	Percent In Tennessee
1. Scheduled Ground Hours	_____	_____	33.3333%	_____
2. Revenue Ton Miles	_____	_____	33.3333%	_____
3. Revenue Tons Handled	_____	_____	33.3333%	_____
		Full Cash Value	X	Weighted Percent
	TENNESSEE ALLOCATED VALUE			\$ _____
	ASSESSMENT PERCENTAGE		X	30.0000%
	TENNESSEE ASSESSED VALUE			\$ _____

APPORTIONMENT OF TAX VALUES WITHIN TENNESSEE

Type of Aircraft: _____

Tax Entity	Arrivals/Departures Entity	Percent of Total	Scheduled Ground Hours	Percent of Total	For Office Use Only
Chattanooga (Hamilton Co.)	_____	_____	_____	_____	\$ _____
Clarksville (Montgomery Co.)	_____	_____	_____	_____	_____
Dyersburg (Dyer Co.)	_____	_____	_____	_____	_____
Greeneville (Greene Co.)	_____	_____	_____	_____	_____
Jackson (Madison Co.)	_____	_____	_____	_____	_____
Knoxville (Blount Co.)	_____	_____	_____	_____	_____
Memphis (Shelby Co.)	_____	_____	_____	_____	_____
Nashville (Davidson Co.)	_____	_____	_____	_____	_____
Shelbyville (Bedford Co.)	_____	_____	_____	_____	_____
Smyrna (Rutherford Co.)	_____	_____	_____	_____	_____
Tri-City (Sullivan Co.)	_____	_____	_____	_____	_____
Other ** _____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____ *	_____	
TOTAL ASSESSED VALUE ALLOCATED TO TENNESSEE					\$ _____

*Total should be the same as #1 on AF – 5.

**List other county.

PERSONAL PROPERTY

List the total personal property owned, used, or leased that is located in the various cities and counties in Tennessee. One sheet should be completed for each airport and/or city location. Any construction work in progress (CWIP) may be reported separately. Any property which will be classified upon completion as personal may be reported at 15% of cost. Any property which will be classified upon completion as real is to be reported at 100% of cost.

AIRPORT and/or CITY LOCATION: _____

Description of Property	*Cost	Company's Estimated Cash Value January 1, 2004
Food Service Equipment	\$ _____	\$ _____
Ramp Equipment	_____	_____
Maintenance & Engineering Equipment	_____	_____
Comm. & Meteorological Equipment	_____	_____
Surface Transportation - Vehicles & Equipment	_____	_____
Furniture, Fixtures & Office Equipment	_____	_____
Storage & Distribution Equipment	_____	_____
Miscellaneous Ground Equipment	_____	_____
Spare Parts	_____	_____
Computer Equipment	_____	_____
Other Equipment	_____	_____
_____	_____	_____
_____	_____	_____
Construction Work in Progress		
Personal @ 15%	_____	_____
Real @ 100%	_____	_____
Leased Property: (From Others)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	\$ _____	\$ _____

*Gross Cost Before Depreciation

FOR OFFICE USE ONLY

PURCHASES AND SALES OF TENNESSEE PROPERTY

List all purchases and sales of Tennessee real property (including Telecommunications Towers) that occurred during the year 2003. Give all applicable information for each transaction separately. (You may copy pages as needed) **Please attach a copy of the warranty deed or sales contract.**

PURCHASES

Date of Purchase: _____

County / City: _____

Assessor's Tax Map & Parcel Number: _____

Purchase Price: _____

Physical Address: _____

Description of property: _____

Grantor (seller): _____

Type of Improvement: _____

SALES

Date of Sale: _____

County / City: _____

Assessor's Tax Map & Parcel Number: _____

Sale Price: _____

Physical Address: _____

Description of Property: _____

Grantee (buyer): _____

Type of Improvement: _____

REAL PROPERTY UNDER CONSTRUCTION

Tennessee Code Annotated 67-5-503 provides that, “if, after January 1 and before September 1 of any year, an improvement or new building is completed and ready for use or occupancy... the assessor of property shall make or correct the assessment of such property, on the basis of the value of the improvement at the time of its completion...”

List all real properties under construction or properties that **will be** completed by September 1, 2004.

[illegible]

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____, being the OWNER, PRESIDENT,
SECRETARY, AND /OR PARTNER OF _____,

do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year
two thousand four has been prepared from only the original books, papers, and
records of said respondent under my direction in accordance with Tennessee
Code Annotated, Section 67-5-1316, and is true and correct to the best of my
knowledge and belief.

FURTHER THE AFFIANT SAITH NOT.

NAME

OFFICIAL CAPACITY

Sworn to and subscribed before me on this the _____ day of
_____, 2004.

NOTARY PUBLIC

My Commission Expires: _____